


SUMMONS FOR WITNESS		DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: CRIMINAL JURY		NAME AND ADDRESS OF COURT DIVISION		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF DEFENDANT		DEDHAM DISTRICT COURT 631 HIGH STREET DEDHAM, MA 02026		
COMMONWEALTH		DATE AND TIME OF APPEARANCE		
V. [REDACTED]		AT 11-23-2009 9AM Trial 9AM DATE TIME		
NAME, ADDRESS AND ZIP CODE OF WITNESS		OFFENSE(S)		
Ms. Annie Dookhan, Assistant Analyst RE: Lab Number [REDACTED]		Possession of Firearm w/o/ FID Card (x2) Receiving Firearm w/ defaced serial number Possession to Distribute Class B School Zone		
<p>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</p> <p>To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. Please bring with you, a copy of your CV and any documentation related to your analysis of:</p> <p>Lab Number [REDACTED] Date Received 2-17-2005, date analyzed 3-7-2005</p> <p><u>PLEASE CONTACT Assistant District Attorney, Philip Burr at 781.686.8430 to confirm your appearance</u></p>				
WITNESS:		 William R. Keating, District Attorney		DATE OF ISSUE 10-6-2009
<p align="center">RETURN OF SERVICE</p> <p>I hereby certify that I served the within summons upon the above named Witness by</p> <p> <input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input checked="" type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service </p> <p>DATE RECEIVED _____</p> <p>because: _____</p>				
DATE OF SERVICE 10-6-2009	SIGNATURE OF PERSON MAKING SERVICE Philip Burr		TITLE OF PERSON MAKING SERVICE Assistant District Attorney	

